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**\*\* CONTINUING DATA \*\*\*\*\*** *KF NONE*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *KF YES*  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/04/2001**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

**ADDRESS**  
022913

**TITLE**  
Method and system for providing mobile services

<b>FILING FEE RECEIVED</b> 1036	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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